

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.: S-100,631 First Inventor or Application Identifier: Thomas McCleskey Title: POLYMER-ASSISTED DEPOSITION OF FILMS Express Mail Label No.: ET461825991US	
<b>APPLICATION ELEMENTS</b>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) <small>(submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <small>[ Total Pages: 27]</small> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Descriptive title of the Invention</li> <li><input type="checkbox"/> Cross References to Related Applications</li> <li><input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&amp;D</li> <li><input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix</li> <li><input checked="" type="checkbox"/> Background of the Invention</li> <li><input checked="" type="checkbox"/> Brief Description of the Drawings (if filed)</li> <li><input checked="" type="checkbox"/> Detailed Description</li> <li><input checked="" type="checkbox"/> Claim(s)</li> <li><input checked="" type="checkbox"/> Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C.113) <small>[Total Sheets: 14]</small> <ul style="list-style-type: none"> <li><input type="checkbox"/> Formal</li> <li><input checked="" type="checkbox"/> Informal</li> </ul> 5. <input checked="" type="checkbox"/> Declaration & Power of Attorney <small>[Total Pages: 2]</small> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R.63(d))  <small>(for continuation/divisional with Box 16 completed)</small></li> <li>c. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).</small></li> </ul> 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)   of prior application S.N. _____ / _____  Prior application information: Examiner: _____ Group/Art Unit: _____			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		<b>ACCOMPANYING APPLICATION PARTS</b>	
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documentation)		9. <input type="checkbox"/> 37 C.F.R.§3.73(b) Statement <input type="checkbox"/> Power of Attorney	
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(should be specifically itemized)</small>		13. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i)		15. <input type="checkbox"/> Other: _____	
<b>16. CORRESPONDENCE ADDRESS</b>			
OR <input type="checkbox"/> Correspondence Address Below  35068 PATENT TRADEMARK OFFICE <small>(Insert Customer No. or Attach Bar Code Label here)</small>			
Name: Bruce H. Cottrell Address: Los Alamos National Laboratory LC/IP, MS A187 City: Los Alamos Country: United States   State: New Mexico   Zip Code: 87545 Telephone: (505) 665- Fax: (505) 665-4424		Name (Print/Type): Bruce H. Cottrell Signature: <i>Bruce H. Cottrell</i> Registration No. (Attorney/Agent): 30,620 Date: July 8, 2003	

05/01/03

PTO  
19249 U.S.  
10/616479

07/08/03

# FEE TRANSMITTAL

## For FY 2003

Patent fees are subject to annual revision  
(submit an original and a duplicate for fee processing)

Complete if Known	
Application Number:	
Filing Date:	
First Named Inventor:	Thomas M. McCleskey
Examiner Name:	
Group/Art Unit:	
Attorney Docket No.:	S-100,631

### METHOD OF PAYMENT

1.  The commissioner is hereby authorized to charge indicated fees and credit any over payments to:  
Deposit Account Number: 12-2150  
Deposit Account Name: Los Alamos National Laboratory  
 Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17  
 Applicant claims small entity status.  
See 37 CFR 1.27

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee Description	Fee Paid
\$750	\$375	Utility filing fee	375.00		
\$750	\$375	Reissue filing fee			
\$160	\$80	Provisional filing fee			
<b>SUBTOTAL (1)</b>		<b>\$375.00</b>			
<b>2. EXTRA CLAIM FEES</b>					
		Extra Claims	Fee from Below		
Total Claims	32	-20** =	12 X 9 =	108	
Independent	2	-3 ** =	0 X 0 =	0	
Claims					
Multiple Dependent			=		
** or number previously paid, if greater; For Reissues, see below					
Large Entity	Small Entity	Fee	Fee	Fee Description	
\$18	\$9	Claims in excess of 20			
\$84	\$42	Independent claims in excess of 3			
\$280	\$140	Multiple dependent claim, if not paid.			
\$84	\$42	** Reissue independent claims over original patent			
\$18	\$9	** Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b>		<b>\$108</b>			
Other fee (specify) _____					
<b>SUBTOTAL (3)</b>		<b>\$0</b>			
Reduced by Basic Filing Fee Paid					
		<b>SUBTOTAL FROM 1</b>			
		<b>\$375</b>			
		<b>SUBTOTAL FROM 2</b>			
		<b>\$108</b>			
		<b>SUBTOTAL FROM 3</b>			
		<b>\$0</b>			
		<b>TOTAL AMOUNT OF PAYMENT</b>			
		<b>\$483</b>			

### SUBMITTED BY

SUBMITTED BY			Complete (if applicable)	
Printed Name:	Bruce H. Cottrell		Reg. No.	30,620
Signature:	Bruce H. Cottrell		Date:	07/08/03
			Telephone	(505)667-9168